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MEETING MINUTES
STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

January 13, 2011

Present: Nancy Black, Kathy Crocker, Frank Edwards, Sue Guy, Libby Jones, Laura Keeney, Ron Kendrick, Mark Long, Carl Noyes, Renee Sisk, Rosemary Weaver

Absent: Dave Bullins, Nancy Carey, Pamela Chevalier, Gladys Christian, Zack Commander, Virginia Hill, Carol Messina, Paul Russ, Amelia Thorpe and Glenda Woodson.

Staff Present: Steven Jordan, Stuart Berde, Bill Scott, Cathy Kocian, Ken Marsh, Kathy Nichols, Suzanne Thompson, Andy Raby, Glenda Stokes, Eric Fox, Marlee Moore, and Becky Ebron.

Guests Present: Martha Brock, Kent Earnhardt, Marc Jacques, Fred Johnson, and Gerri Smith.

Presenter & Topic	Discussion	Action
Welcome: Rosemary Weaver, SCFAC Chair	<ul style="list-style-type: none">The meeting was called to order at 9:00 AM.	The agenda was approved. The November 2010 minutes were approved with changes.
Public Comment/Issues	<ul style="list-style-type: none">Andy Raby, Data Manager NC Department of Health and Human Services Office of Citizen Services, provided information on NccareLink https://www.nccarelink.gov. The website provides information on the following four different target populations:<ol style="list-style-type: none">Services for VeteransFamily and Children ResourcesServices for Older AdultsPeople with Disabilities ConnectionInformation Referral Specialists are available to assist people Monday –Friday from 8:00-5:00pm in the Office of Citizen Services 1-800-662-7030 (Toll Free/CARE-LINE). This office also serves as a suicide prevention hotline and after hours the calls go to the National Suicide Prevention Life Line. People calling in can obtain information on:<ul style="list-style-type: none">Providers and servicesFoodMedicationMartha Brock addressed the SCFAC and acknowledged that her main role is with NC Advocacy monitoring the media and providing information to the media that doesn't promote further stigma. Ms. Brock commented on CABHAs and Secretary Cansler's press conference that was held Friday, January 7, 2011. Apparently only one advocacy organization NAMI NC was present for this event. She is concerned that people are saying there was plenty	Laura Keeney, Chair of the SCFAC Services Task Team, would like Andy Raby to do a NccareLink demonstration at the March SCFAC Meeting.

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	<p>of discussion prior to the implementation of CABHAs and that's not her impression. However, NCCANSO has been involved with the CABHA monitoring workgroup since it's inception. Ron Kendrick stated that the SCFAC did not have a lot of discussion but the committee did feel that the long range CABHAs would improve the sophistication of the service system. Carl Noyes and Andrea Stevens addressed the LOC in 2010 and requested that the state slow down.</p> <ul style="list-style-type: none"> • Rosemary Weaver let SCFAC members know that a recent press release by Benchmark had acknowledged her as the SCFAC Chair, but she spoke to them as a local WHN CFAC member. 	
<p>Waiver Update Ken Marsh Kathy Nichols Suzanne Thompson</p>	<ul style="list-style-type: none"> • Ken Marsh mentioned the importance of CFAC involvement with Waivers. The start dates have been pushed out by the LMEs and as of today, WHN will begin implementation of the Waiver in January 2012 and Mecklenburg will begin July 2012. In addition, the Waiver Leadership meetings have slowed down due to the change in implementation dates. • Mercer has been focusing on the LMEs and their Management Information Systems (MIS). A webinar training was done for the LMEs that covered a variety of topics and the PowerPoint can be reviewed on line at http://www.ncdhhs.gov/mhddsas/waiver/mercer-lme-bhmcomis11-10training.pdf. The survey results showed that this was an effective training, and main topics included: <ul style="list-style-type: none"> • IT Systems • Claims Processing • Policy Procedures • Authorizations • The Legislation has requested that a study be done on Intellectual/Developmental Disabilities (I/DD) that includes PBH, but the original intent was to study 2 Waiver LMEs and review the quality of life and impact on consumers lives. Due to the later implementation dates with WHN and Mecklenburg LME, it's been suggested to study PBH and a non waiver entity. • Kathy Nichols, Division of Medical Assistance (DMA), stated that they are starting an implementation workgroup with DMA/DMH and will be doing monthly monitoring of WHN. The state will do readiness reviews with WHN at three and six months out. Plus, they will be reviewing WHN's initiatives to inform the community about the Waiver. Ron Kendrick pointed out the governing authority of the LME is the LME Board, so the Division needs to be communicating with Board members. • Suzanne Thompson, Consumer Empowerment Team Leader, acknowledged that she is coordinating a consumer and family workgroup that will meet via conference call to discuss <i>How to Track Community Involvement</i> (i.e. what 	

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	<p>type of input has been received by the community regarding the Waiver implementation). Suzanne mentioned that they plan to rely on local CFACs, consumer groups, and SCFAC for suggestions and feedback.</p> <ul style="list-style-type: none"> • The LMEs must divest of all services, but today the Deaf Services in Western NC need to still be divested. Brad Trotter, Best Practice & Community Innovations Team, is presently working on this project. Ken Marsh stated that the Division has requested that this service be contracted out. • Nancy Black suggested that the Division connect directly with consumers instead of relying on just CFAC members. Ken Marsh acknowledged that the LMEs will need to include a wide range of stake holders. In addition, Nancy made the recommendation that the Division develop a blueprint with priorities in order of importance. • Frank Edwards asked if there has been any legislative changes due to the Republican majority, and Ken said that the focus of DHHS continues to be on the 1915bc Waiver following legislation to date and two LMEs have been indentified. Discussion included the different IT systems which are critical to the implementation of the Waivers. Frank requested that Ken send out the IT systems being used by the LMEs to date. • Carl Noyes said that a lot of consumers are concerned about the CABHAs, and he projects this time next year that there will be forty very large entities across the state. The IT issues need to be addresssed with the providers, and Carl recommended that the Division tell the providers what software to purchase so money is not wasted. Bill Scott acknowledged that if the state tells people what to do then people look to the state to provide funds and that's not possible. However, the state could provide information on IT system requirements needed. Nancy Black and Ron Kendrick discussed drafting a letter to Dempsey Benton requesting information on the IT system requirements. Kathy Crocker added that a lack of standards for the IT system has an impact on consumers and forces unnecessary stressors on the consumers who already struggle day to day. • Rosemary Weaver asked for clarification regarding WHN's multiple county structure and the fact that the LME needs approval from each County Commissioner before moving forward. WHN has had to change some Waiver Information dates because several of the County Commissioners have stated that they would wait to make a decision until after the public information sessions were completed. All of the counties and the LME Board must approve and sign off on the Waiver. 	<p>Suzanne Thompson will send Ron Kendrick information on Mecklenburg's plan as to how they divested of their Deaf and Hard of Hearing services.</p> <p>Ken Marsh will send Rosemary Weaver and Frank Edwards the IT information as requested.</p>
<p>Budget Bill Scott</p>	<ul style="list-style-type: none"> • Bill Scott, Acting Chief Resource and Regulatory Management, discussed the budget proposal for next year that the Governor required of all State agencies with possible 5%, 10% and 15% reductions. Bill suggested that the SCFAC members talk with their local groups and go to the legislature to address any 	

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	<p>concerns related to the proposed reduction plans for next year.</p> <ul style="list-style-type: none"> • Medicaid is a big issue and one of the largest funds in the state, and mental health services are paid for by Medicaid. The Division is trying to be proactive for the coming year and have reviewed various options for operations. However, no plans have been finalized or implemented. As for looking at staffing issues and who will do certain jobs in the coming year this also has not been finalized. If the state cuts the State's portion of Medicaid funds then there is a direct reduction in federal dollars by \$2 for every one dollar cut. Behavior Health Services are considering optional Medicaid services in the state plan. Bill Scott acknowledged that Secretary Cansler has made every effort possible to avoid budget cuts in the DMHDDSAS budget as he has had conversations with the legislature and Governor. However, the proposed cuts have not been approved by the Governor so Bill Scott could not elaborate. • Nancy Black stated that the SCFAC and local CFAC's role in educating the legislature needs to be strengthened. The SCFAC Budget Task Team is developing letters which emphasize no further cuts to providers and or to the budget. • The SCFAC members agreed that the SCFAC needs a standing time on the LOC agenda even if it's only 5 minutes. Plus, the SCFAC needs to reinforce the process and reestablish their relationship with the LOC. • Ron Kendrick inquired about fund balance that was \$220 million and Bill Scott said the Division is doing a study right now on the local LME fund balances but is not sure that the number quoted is correct.. 	<p>Nancy Black will finalize the SCFAC Budget Task team letters so they can be distributed to the General Assembly and Secretary Cansler.</p>
<p>Discussion with Division Leadership Steven Jordan</p>	<ul style="list-style-type: none"> • Steve Jordan announced that 175 Critical Access Behavioral Health Agencies (CABHA) were approved and in place across the state January 1, 2011. There are 105 more CABHA applicants under review to determine if they meet CABHA requirements. Every single county has access to services from a CABHA and a map is being developed to show the service being provided by each county. The providers that knew they would not meet CABHA criteria have changed the services which they provide to consumers. • The Division of Medical Assistance (DMA) and clinical policy will address business issues. Several doctors employed by CABHAs have recently resigned from their positions because they refuse to sign an inappropriate treatment plan and felt that they were working for the CEO. • On Friday, January 7, 2011, a press conference was held with Secretary Cansler. The announcement reflected <i>reform is over</i> and the state is moving forward with business. Frank Edwards stated that someone from SCFAC and local CFACs should have been invited to the press conference, and Steve apologized for this oversight and acknowledged that it was a valid concern. Presently, there are four SCFAC members who live close to Raleigh and Kathy Crocker requested that Steve contact Stuart Berde in the future to have 	

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	<p>a SCFAC member present.</p> <ul style="list-style-type: none">• Steve Jordan addressed the possible Medicaid cuts and acknowledged that even if Medicaid cuts every optional service the Division is still responsible for the care of the people. If the CAP program were eliminated, 11,000 people with developmental disabilities would still qualify for services. The Division has been working to identify a core band of services that would be provided at the local level. Crisis services need to be in place across the state. Recovery Education must be available so that guardians, consumers, and others can be educated on how to best assist people.• The General Assembly has 46 new people coming on this month, so it will be Republican based now. Steve Jordan doesn't know if their will be a Legislative Oversight Committee (LOC) and there is some discussion of a DHHS oversight committee. The legislative process begins January 26, 2011 and everyone physically changes office and staffing changes are taking place too. This year is the long session:<ul style="list-style-type: none">• 2012 is a short session,• 2013 is a long session, and• 2014 the state goes live with Health Care Reform (HCR).• The new DD Cap Waiver goes into place in November 2011. There is an expectation that a third tier will open up. However, the Supports Intensity Scale (SIS) used as a needs assessment allows the state to do the same thing but the SIS doesn't take into account the living arrangements and needs. One preference would be to use the SIS from a needs assessment and over the years develop a needs resource tool. The goal is to use the SIS from a normal standard and people will get no more and no less than needed. PBH uses the SIS and the results reported today showed over 25% of the population being served are currently being over served.• Currently, there are three Best Practice Programs up and running that show fidelity and strength in the model:<ul style="list-style-type: none">• START Team.• A program in Durham that provides Peer Support Services (PSS) to people with Chronic Mental Illness.• A Substance Abuse Recovery Program.• Steve Jordan talked about his visits at Regional CFAC meetings across the state. On January 4, 2011 he attended the Central Regional CFAC at Centerpoint in Winston Salem, and on February 18, he'll attend the Eastern Regional CFAC at Wake Tech sponsored by Wake and Five County CFAC. Then on March 22, he's going to the Western Regional CFAC which will be held at Pathways in Gastonia. Steve received some great feedback from CFAC members and expressed how friction creates movement.• Nancy Black inquired about Crisis Services and coordinating better	<p>Stuart Berde will follow up with Rose Burnette to ensure that a SCFAC member is appointed to the CAP Waiver workgroup.</p>
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	<p>management. Pathways LME did a presentation at the last LOC meeting that was very good. Nancy recommended that the Division figure out an educational model to educate staff at various facilities so that they know how all three disabilities impact consumers. Steve Jordan mentioned that some LMEs are using Single Stream Funding to create Alternative Service Definitions to fund training:</p> <ul style="list-style-type: none">• John Hardy, Area Director Mental Health Partners, developed a training curriculum that is currently being done with local Magistrates.• Victoria Whitt, CEO Sandhills, has also been working to train emergency department staff on how to best serve individuals with disabilities.• Roy Wilson, CEO East Carolina Behavioral Health, has developed a Jail Diversion Program. <p>Rosemary Weaver showed Steve Jordan and SCFAC members the simple business cards developed by Rutherford County Behavioral Coalition which has important numbers printed on the card to call in case of a crisis. Local volunteers are going to be giving PowerPoint presentations as well as provide information and resources. Libby Jones stated that consumers and family members can't look to the Division to solve all of their problems and it's imperative for local community members to start educating people.</p> <ul style="list-style-type: none">• Mark Long acknowledged that there are Consumer Run Organizations being developed in NC which are comprised of 51% self disclosed consumers who have hired a Master's level professional to oversee the program. Meck Promise is one example of a consumer run organization in NC.• Crisis Intervention Training (CIT) is being conducted across the state and country. Kathy Crocker mentioned Citrus County Florida's program where someone other than law enforcement sit with people in the emergency departments so that the officers can leave the hospital. The Division has developed a Jail Division program under the direction of Dr. Susan Saik and Bob Kurtz oversees the project. Frank Edwards pointed out that the Governor's Crime Commission is doing a CIT study at UNC-Charlotte and the School of Government in Chapel Hill has developed a Magistrates Training.• The state is watching the level of care consumers are being provided and if consumers are moved from outpatient therapy to Community Support Team (CST) they have now raised the level of training that staff needs to have in place. Therefore, what life event changed for the consumer to warrant a higher level of care? Both services, Outpatient Therapy and CST have time limits for services.• Rosemary Weaver asked that SCFAC members get the approved PSS service definition, and Steve mentioned that PSS won't be rolled out until July 1,	<p>Cathy Kocian will email Nancy Black the Arc's Partner's in Justice PowerPoint Training.</p>
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	<p>2011. Steve doesn't want it implemented if it has to be pulled back due to funding.</p> <ul style="list-style-type: none"> • Laura Keeney wanted to know if the Division was surprised about the recent activity with providers around Independent Assessments. Steve stated the Division is aware and working to address issues on an individual level. 	<p>Stuart Berde will follow up with Jim Jarrard to get the final approved PSS service definition to the SCFAC members.</p>
SCFAC Newsletter	<ul style="list-style-type: none"> • SCFAC members agreed to put together a newsletter three times a year. Frank Edwards had already submitted some material to Rosemary Weaver for consideration. 	
SCFAC Budget Task Team	<ul style="list-style-type: none"> • Nancy Black announced that the Budget Task Team will draft the letter to the General Assembly and Secretary Cansler regarding the leverage of Medicaid rates and no further budget cuts to MH/DD/SAS. 	
SCFAC to LCFAC Interface Task Team	<ul style="list-style-type: none"> • Frank Edwards stated that a reminder email with edits will be sent to all local CFAC Chairs for the upcoming conference call with the SCFAC and local CFAC members. Action items that come out of the conference call will be sent to the General Assembly and Secretary Cansler. • Local CFACs were asked to submit their top 5 MH/DD/SA service system concerns to the SCFAC by February 28, 2011. The results will be compiled and then a survey will be generated from these results. 	
SCFAC Service Task Team	<ul style="list-style-type: none"> • The Services Task team worked with Becky Ebron, Division of MH/DD/SAS Quality Management Section, and reviewed NC TOPPS. The MH/SA Target populations and intervals of data collection were discussed. 	
Legislative Oversight Committee (LOC)	<ul style="list-style-type: none"> • Frank Edwards agreed to attend the January 19, 2011 LOC meeting in Raleigh. 	
Reports & Meeting Attendance	<ul style="list-style-type: none"> • In the past, SCFAC members agreed that it would benefit the SCFAC if SCFAC members would type of a simple written summary of the meetings they attend: <ul style="list-style-type: none"> • External Advisory Team-Nancy Black • Executive Leadership Team- SCFAC Task Team Chairs • Advocacy Group-Laura Keeney • Waiver Workgroup- Frank Edwards and Paul Russ 	<ul style="list-style-type: none"> • SCFAC members will type a summary of the meeting they attend each month and email the report to Cathy Kocian for distribution to all SCFAC members.
SCFAC Appointments	<ul style="list-style-type: none"> • Several SCFAC members will complete their two full terms on June 30, 2011. Therefore, if anyone is interested in serving on the SCFAC they might want to consider submitting their application to the appropriate appointing authorities. The current SCFAC membership terms are posted on the SCFAC website at http://www.ncdhhs.gov/mhddsas/scfac/scfactermsandappointments10-7-10.pdf 	<ul style="list-style-type: none"> •
Next Meeting Date	<ul style="list-style-type: none"> • The next meeting is scheduled for March 10, 2010 from 9:00-3:00 P.M. The meeting will be held in the Four Sisters Room at the Clarion Hotel State 	

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	Capital, 320 Hillsborough Street, Raleigh, N.C.	
March 2011 Meeting Agenda	<ul style="list-style-type: none">• Approval of the Agenda• Approval of the January 2011 minutes• Public Comments/Issues• Discussion with Division Leadership• Supports Intensity Scale Presentation• NCcareLink.• Newsletter Discussion.• Task Team Work Sessions• Task Team Update• May 2011 Agenda	